APR 27 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10689

1 PLACE OF DEATH

County Stoddard

Township Elk

Registration District No. 839

Primary Registration District No. 6100

File No.

Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(No. .... St.; .... Ward)

2 FULL NAME James Huff

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 SINGLE / MARRIED / WIDOWED / OR DIVORCED (Write the word) — Married

6 DATE OF BIRTH March 1845
(Month) (Day) (Year)

7 AGE 82 yrs. ... mos. ... ds.
If LESS than 1 day, ...hrs. or ...min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work — Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Ga.

PARENTS

10 NAME OF FATHER George Huff

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ga.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mattie King
(Address) Essp, Mo

15 Filed 3-1-1927 J. P. Brandon
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 1 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 10-1-1926 to 3-1-1927

that I last saw him alive on Oct 11 1926

and that death occurred, on the date stated above, at 6 30 a.m.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

(Duration) ... yrs. 10 mos. ... ds.

CONTRIBUTORY (Secondary) Dont Know

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. P. Brandon M.D.

3-1-1927 (Address) Essp. Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ...yrs. ...mos. ...ds.
In the State ...yrs. ...mos. ...ds.

Where was disease contracted if not at place of death? Home

Former or usual residence Marina – Ark

19 PLACE OF BURIAL OR REMOVAL After Cem.
DATE OF BURIAL 3-21-1927

20 UNDERTAKER
ADDRESS

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner,* (b) *Cotton mill;* (a) *Salesman,* (b) *Grocery;* (a) *Foreman,* (b) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of .... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia,*" "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County _Stoddard_   Registration District No. _839_   File No. ....
Township _Elk_   Primary Registration District No. _6100_   Registered No. _11_
City ....   (No. ....   St. ....   Ward)

2. FULL NAME _James Huff_
(a) Residence. No. ....   St., ...   Ward.
(Usual place of abode)   (If nonresident give city or town and State)
Length of residence in city or town where death occurred   yrs.   mos.   da.   How long in U.S., if of foreign birth?   yrs.   mos.   da.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX _M_ 　4. COLOR OR RACE _col_ 　5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) _m_	16. DATE OF DEATH (MONTH, DAY AND YEAR) _Mch 1 — 1927_
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Mary Huff_	17. I HEREBY CERTIFY, That I attended deceased from .... 19...... to ...., 19........ that I last saw h........ alive on........., 19......, and that death occurred, on the date stated above, at .... m. THE CAUSE OF DEATH WAS AS FOLLOWS:
6. DATE OF BIRTH (MONTH, DAY AND YEAR) _Mar 24 1845_	
7. AGE 　YEARS 　MONTHS 　DAYS 　If LESS than 1 day, ... hrs. or ...... min.	(duration) ...... yrs. ...... mos. ...... ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work .... (b) General nature of industry, business, or establishment in which employed (or employer)......... (c) Name of employer	CONTRIBUTORY (SECONDARY) .... (duration) ...... yrs. ...... mos. ...... da.
9. BIRTHPLACE (CITY OR TOWN) .... (STATE OR COUNTRY)	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?......... DID AN OPERATION PRECEDE DEATH?......... DATE OF......... WAS THERE AN AUTOPSY?......... WHAT TEST CONFIRMED DIAGNOSIS?......... (Signed)........., M. D , 19 (Address)
PARENTS 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
14. INFORMANT .... (Address)	19. PLACE OF BURIAL, CREMATION, OR REMOVAL 　DATE OF BURIAL 　19
15. FILED _3/1 1927_ 　_J. P. Brandon_ REGISTRAR	20. UNDERTAKER _Noale_ 　ADDRESS

SUPPLEMENTARY